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ON THE LOCATIONS OF THE FUNCTIONS OF THE BRAIN.

[Translated for this Journal by JOHN F. MAY, M.D.—Continued from page 317.]

THIS simple anatomical exposition is sufficient to convince us that the cranium and the brain have special forms almost invariable in each group of the mammalia. Thus with many of the gnawing animals, the head is broader behind than anywhere else; in carnivorous animals, on the contrary, the greatest transverse diameter extends from one supra-zygomatic region to the other. With these diversities of form there are very often corresponding differences of disposition. The carnivorous animal is courageous, crafty and destructive; the ruminant, which differs from the first in the conformation of its temples, is peaceable and timid. These undoubtedly are the anatomical and moral differences which induced Gall to locate the organs of cunning, destruction and combativeness in the parieto-temporal region.

There exists, in fact, so remarkable a coincidence between these propensities and the above-mentioned conformation, that upon a superficial examination we are induced to adopt the conclusion of the phrenologists. But if, instead of satisfying ourselves with an incomplete examination, we study the heads of the mammalia in every point of view—not partially, but in their relation with the rest of the skeleton, we shall not fail to be convinced that certain forms of the cranium are necessary to certain modes of station or mastication; that the reciprocal dependence of the anatomical upon mechanical fact is constant and inevitable, whilst the connection between the anatomical and psychological fact is so little necessary, that two animals having the same propensities will differ in the form of the cranium whenever their mode of station or mastication is not similar. And this we shall now prove by explaining the forms of the cranium now understood, and by examining the relation of these forms —1st, with certain conditions of mechanism either general or partial; 2d, with the known character of animals.

§ 3. *Of the Connection between the form of the Cranium of the Mammalia, and their mode of Station and Mastication.*

Gnawing Animals.—We have described in detail the form of the head of small gnawers, such as rats and mice, and we have observed that the occipital foramen is situated but very little below the axis of the cranium, so that this axis almost coincides with that of the prolongation of the spinal marrow. From this disposition, it follows that the vertebral column and the head form, at their junction, a very slightly-marked angle These anatomical facts are naturally explained by the mode of station of these animals, whose limbs being short, and habitually flexed, are shaped as much for creeping (reptation) as for walking (pour la marche). If with such a mode of station the spinal column and the head united in forming an inferior angle as well marked as in carnivorous animals, all the senses with the extremity of the snout would be directed towards the earth.

The relation of the vertebral column with the cranium that we have indicated, is, then, a mechanical necessity in animals with short extremities. The attitude of rats and mice, moreover, requires that the largest portion of the cranium and the brain should be situated posteriorly; for if it was anterior, its weight would bear the face towards the earth, and the use of the senses would thus be necessarily too restricted.

A remarkable consequence of the manner of junction between the vertebral column and head, is that those muscles which redress the latter represent powers parallel to the lever, and consequently are in the most unfavorable condition for action, so that the head is deprived of its *proper* power; hence the necessity of an impulse emanating from the trunk and extremities, and transmitted to the cranium through the spinal column. Now these two portions of the skeleton being placed nearly in the same line, what form of the head is most favorable to this transmission? Without doubt the conical, or that of a lancinated shape.

Thus we see the form of the cranium, in gnawing animals, derived as a necessary consequence from their attitude. In these animals, as in all others, the jaw articulates with the base of the zygomatic apophysis; and although the cranium presents at this spot a relative depression, it yet preserves a breadth equal to the separation of the two branches of the inferior maxillary bone. All gnawing animals not having the same attitude do not have the same form of the cranium, which will be proved at the proper time and place.

Carnivorous Animals.—The scalope and field mouse, having like mice short extremities, have as a consequence the same shaped head and the same manner of junction between the cranium and spinal column; but the advantage of the latter is partly neutralized in the mole, on account of the volume of the inferior jaw; its senses and snout are naturally directed downward, which eminently favors its subterranean habits. The cranium of this animal, very broad behind, appears to be flattened, and as if crushed from one side to the other in its whole length; so that the temporal region, notwithstanding its relative narrowness, preserves a sufficient breadth for the articulation of a broad jaw.

Types of Carnivorous Animals.—These animals, tolerably elevated on their extremities, are provided with joints favorably disposed for alternate flexion and extension; the nature of their nourishment requires also a broad and powerful jaw; their skulls are formed with a view to this double circumstance. If the relation between the head and spinal column had been the same as in the small gnawing animals, the axis of the face would be found on a plane much too elevated, and the immobility of the cranium, proceeding from the unfavorable insertion of its muscles, would not have permitted the animal to change the direction of its senses. It is therefore necessary, on account of the length of the extremities, that the axis of the cranium should form with that of the spinal column a strongly-marked angle, opening inferiorly. And this is the case. As a consequence of this disposition, it is necessary that the extending muscles of the head should be at their maximum of efficient power: and therefore we find that the occipital apophysis furnishes them most extensive insertions, and so much the more favorable as it is more salient, and as it forms with the axis of the spinal column a more open angle.

The use of this ridge explains to us, then, the law already stated (see anatomical description), in virtue of which the lion, the tiger, the jaguar, in a word all carnivorous animals of high stature and with strong jaws, have the occipital apophysis more fully developed than the others. The hyena has it quite as much developed as the tiger; we were struck with this fact, and sought its cause; and it is this:—The anterior extremities of the hyena are longer than the posterior; so that its back represents an inclined plane; these extremities, moreover, seem to retreat obliquely backward, so as to pass in a measure beneath the animal, which causes the neck to advance in length. On account of these dispositions, which give a peculiarity to the attitude of the hyena, the centre of gravity of the head has a tendency to fall in front of the thoracic extremities, a tendency which is increased by the enormous proportion of the face. It is necessary that the muscles which are charged with sustaining and balancing this weight, should be of the most powerful kind, as well by the number of their fibres as by the most advantageous mode of insertion. Therefore the great force of the splenius complexus, &c., as evinced in the length and thickness of the neck, and also the height and disproportionate thickness of the occipital ridge. But the size of the jaws is so great that the above-mentioned anatomical dispositions do not entirely neutralize the weight of the face, and therefore the hyena of the tombs always walks with the head downward. The inferior jaw of carnivorous animals is broad, without angle, and articulates with the base of the zygomatic apophysis; it is therefore necessary that the cranium should be wide at the temples. In young and small animals, in whom the latter are very bulging, the articular cavity is contiguous to the squamous portion of the temporal bone; but in large animals, in proportion as the cranium becomes narrower, the zygomatic apophysis, instead of passing obliquely forward by gradually receding from the temple, is detached from it at a right angle and directed horizontally outward, and after an inch curves so as to form a well-marked axis. It is near this curvature, and on the inferior surface of the apophysis, that the jaw is articulated, the condyles of which are thus placed at three quarters of an inch outwardly from each temple. It is thus in the lion, bear and hyena that the depression of the cranium is supplied by a modification of the zygomatic apophysis. The conformation of the parieto-temporal region is also favorable to the insertion of the temporal muscle. In small animals this muscle obtains an advantageous surface, from the swelling of the temporal and parietal bones

But in the large, with whom this swelling diminishes in proportion as the exigences of the face increase, it is supplied by the parietal ridge, the volume of which is, as we have already proved, in inverse proportion with the brain, and in direct ratio with the lower jaw.

In the pachidermata, the form of the cranium is connected—1st, with their attitude; 2d, with their mode of mastication. In the wild boar, the barbaroussa (Mexican hog), the extremities are slender, tolerably elevated, and the smallness of the body contrasts with the disproportionate size of the jaws. Antagonist muscles, sufficiently powerful to counterbalance the weight of the face, are therefore necessary, and thus the thickness of the neck in the hog and animals analogous to it, indicates the great development of the splenius and the complexus muscles, &c. But these muscles not being very long, on account of the smallness of the body itself, must necessarily have the most favorable insertion possible: for which purpose we find the vertical and elevated plane formed by the occipital bone and its ridge.

Again the jaw of these animals, though smaller than that of carnivorous animals, and presenting an angle sufficiently marked, has nevertheless a considerable relative size, which requires great energy of the temporal muscles; therefore do we find the two lateral planes with their broad and concave ridge, and their almost vertical direction. Finally, the frontal sinus, always harmonizing with the development of the face, should be of large dimensions; and therefore the height and breadth of the frontal plane. We thus see that there is not a single circumstance in the singular conformation of the cranium of the pachidermata, which is not easily explained by mechanical necessities. With them three fourths of the nutrition destined for the cranium are sacrificed to thick and solid apophyses, and are lost to the cerebral cavity.

The cranium of the horse differs from that of carnivorous animals, in having the bi-temporal diameter shorter, and the inter-parietal ridge less elevated. The first difference is explained from the narrowness of the jaws, and the second by the diminution of the temporal muscles. The breadth and less oblique direction of the frontal sinuses are necessarily connected with the nearly vertical direction of the nasal bones.

[To be continued.]

IMAGINATION.

[Communicated for the Boston Medical and Surgical Journal.]

In an early part of my practice I was called into a neighboring town to visit a patient. It being about the middle of the day, the old gentleman of the house (over 60 years old) invited me to stop and dine. While at dinner, he says, "I don't know as you like my dinner." "Why yes," said I, "I do; I like it very well, it is very good." "I guess," said he, "you don't know what you are eating." "Why yes," said I, "I do; it is some new-corned beef." "Ah," said the old gentleman, "it is horse-beef." I replied, "I don't believe it." "It is," said he, "I declare it is some of my old mare." I was not much acquainted with him at that time; I looked at him, supposing him to be joking, but could not discover a muscle of the face to alter or change. I had just taken another piece on my plate, and a mouthful of the second slice in my mouth; and in fact it was horse-meat sure enough—I could taste it as plainly as my olfactory nerves would discover the scent of an old horse. The more I chewed it, the more disagreeable it tasted. I continued picking and tasting a little sauce which I could swallow, but the meat, as the negro said, would no go. I at last gave a swallow, as I do with a dose of physic. I thought that I should have thrown the whole contents of my stomach up at the table. I afterwards tasted a little sauce, but took care not to put any more meat in my mouth, and kept time with the family. Glad was I when dinner was over. It being cool weather, the old gentleman went to smoking and telling stories. At last he says, "I won't leave you in the dark about your dinner. I told you we had horse-meat for dinner, and so it was. I told you it was some of my old mare, and so it was, for I swapt her away for a steer, and that was some of the beef."

I have ever since been glad that the gentleman put the joke upon me, for I never should otherwise have known how far imagination would have carried me.

Not long after this I attended a patient, a young man, about 18 or 19 years old, in another town, sick with the scarlet fever and throat distemper (scarlatina anginosa). I visited him on Sunday morning. I told him he was better, his disorder had turned, he was doing very well, and that I saw nothing but that he would recover. I had business further along, and on my return about sunset, I called again, and behold the family and neighbors were standing around in a large room, seeing him die. I turned to his mother and asked her what was the matter. "O," she said, "Joel is dying." I then turned to my pupil and asked him what all this could mean. "I don't know," said he, "I am sure he was doing well when we were here in the morning." I turned to his mother again, and asked her what had taken place in my absence. "O," she said, "Joel has been growing worse ever since you left in the morning." She added that the minister called soon after I left, and said he might possibly live till night, but could not live till to-morrow morning, and she thought it her duty to let her son know the near approach of death. I went to the bed-side, and I verily thought him to be dying; he had a deathly pulse, subsultus tendinum, spasmodic affection of the muscles of the jaws and face, indeed the whole system was generally convulsed. I thought of the horse-beef, and I says to him, "Joel, I guess I can give you something that will help you." I conceived he had his reason, but I believe he could not speak. I immediately got a cordial, and with much difficulty he swallowed a very little. I walked the room, and I saw his eye followed me. I went to him again, got a little more medicine down, felt his pulse, told him his medicine was doing him good, and I guessed he would do by-and-by. I left him again, but took care he did not catch my eye again. I paid attention to him in this way for several hours, until he was really better. The next morning I found him altogether better. He has told me since, I can't tell how many times, that he certainly should have died that night, if I had not called as I did. He is now living in the State of New York, about 70 years old.

A report got out that I said I had as lieve see the d—l as a minister about my patients; which was entirely untrue. I never said so. I liked to have the clergy visit my patients, although I have heard them ask some questions I was sorry to hear.

I have been in the practice of physic over fifty years in my native town. I stood alone nearly forty years, except, in some instances, others have come in and stopped a few months, and then were off. I am now in active practice in the county of Worcester, Massachusetts, 75 years of age.

HUMORAL PATHOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Can you inform me why a *solidist*—a disowner, a disbeliever, a denier of *the humoral pathology*—should ever on any occasion draw that pure, that innocent, that uncontaminated fluid called blood? If you can, it is more than I can inform myself. Let us, for a moment, consider the humors in health and in disease. Even a bone will neither grow, nor be renewed, nor re-united, unless a healthy and adequate quantity of humor be afforded it. Hence a fractured bone, whose ends will not cohere, has, by our ablest surgeons, a seton placed between them; in order that healthier or more of the renovating, re-uniting fluid, may be produced thereby. And as to existence itself, as well as to the health of the whole and of each individual part of the human frame, we may say, in scripture language, "for the life of all flesh *is* the blood thereof." But why, if this noble fluid is not liable to deteriorate, and all manner of disease and disaster is to be solidified, why should the solidist, *sang froid*, thrust his lancet into a vessel and see the unoffending fluid flow? Why, indeed, as the humors are never in fault, should he ever use the *catheter*, open an *abscess*, or evacuate the serum collected beneath an *epispastic?*

All primordial human existence is from a *humoral* source, a fluid germ —seminal, as in impregnation; aqueous, in the pregnant and parturient waters; sanguineous, in the umbilical cord; aerial, in the first and all succeeding respiration. And still *humoral*, are the means of life's continuation, as well as of its origin; as in the nourishment drawn by the babe from the maternal breast, and in the chyle, the milk of life mature. Show me a living animal, solid, not dependent on a fluid—a heart beating without fluid blood. Let every particle of liquid be pressed from the substance of the eviscerated heart, and we hear no more of its contracting by the prick of a pin, or other external stimulus, than that of a mummy. A dried nerve, a dried muscle, or dry brain, are as disobedient to the will and to galvanism, as dried wood. Show me organic disease— a tumor or tissue, bony, fleshy, glandular, fibrous, encysted, or scirrhous, that has formed, or increased, without a liquid, or *humor*. Every form of disease, not of accidental injury, so far as causes have yet been traced, has had a fluid, *humoral*, or aerial origin. Is not *air* a fluid, and was it ever (until denied by the solidists) before denied, that *air*, too hot, too cold, too dry, too moist, too long endured, or too suddenly changed, might occasion disease?

Catarrh has a fluid cause, and the effect, being a great increase of viscous matters, secreted by the mucous membrane, is *humoral*, in both cause and consequence. Are we at this era to be taught that intermittent fever is not occasioned by *marsh miasmata?* and that variola, varicella, rubeola, and syphilis, are not of humoral origin? Is not the disease of inebriety a humoral disease? And when it produces death by apoplexy, or when that disease arises from extravasation on the brain, how clear is the case of the *humoral* origin of the disease. And of the bursting of a bloodvessel, or the cerebellum, occasioning apoplexy, and death, we attended the *post-mortem* dissection of a case. What occasions death in phthisis, but purulent expectoration, night sweats, and colliquative diarrhœa, all pointing to the *humoral pathology.*

But as the *solidist* never finds the fluids amiss, as to quality, quantity, or error of place, we are puzzled even to conjecture what his theory is of water-brash; of which we are told by Dr. Darwin, that the regurgitated liquid has often been known to produce effervescence on a marble hearth. Or what it may be of dropsy, jaundice, sweating-sickness, aneurism, ozæna, or measles. And of the latter, we have had a well-authenticated instance, in which one hundred persons contracted them in a meeting-house from a single individual present, who had the cough and catarrhal affection, but had not yet broken out. Can any one here deny their *humoral* origin, when the solids of the affected person never came in contact with one of the hundred whom he had infected? No, the air in the meeting-house was impregnated with the *humoral* effluvia of his lungs, and hence the source of the mischief was altogether *humoral.*

The causes of sudden death, by fever, cholera, and apoplexy, so far as they have been ascertained, have been an effusion, extravasation, misplaced deposition, destructive acrimony, or wasting or dissolving of the humors. And in those affections which have been considered *nervous*, and which have ultimately ended in death, *post-mortem* inspection sometimes presents very remarkable traces of the *humoral pathology.* Thus, in *one* instance, in which the patient, during life, had a vast variety of nervous and cerebral symptoms, which finally ended in total blindness before his death, we found, upon post-mortem dissection, that the part of the brain from which the left optic nerve arose, had become entirely detached from every part of the brain, its substance, bloodvessels and membranes. It was (the part detached) entirely surrounded by a semi-fluid substance resembling the matter of scrofulous abscesses, and of about the size of the largest grape, and of its shape. The region from which the *right* optic nerve arose, was surrounded by a like scrofulous substance. The part of the brain which the scrofulous matter embraced, was of a globular form, but the optic-nervous filaments still slightly, but very slightly, adhered to the body of the brain, and was not, therefore, like the left, entirely detached.

In another case, wherein the first symptoms resembled angina pectoris, or sternalgia, I found, by post-mortem dissection, nine pints of water in the thorax.

Now if blood is never in fault, as the cause of disease, as the solidists ay, then venous blood may as well be in the arteries as in the veins. Bichat, therefore, and others, who have imputed fatal effects to venous blood in the arteries, must have been most egregiously mistaken. Indeed, and once for all, the whole theory of respiration, oxygenation, and deficient or exuberant secretion, profuse evacuation, or dropsical, or urinal, or catamenial retention, are, by the solidists, all at once set at naught.

Notwithstanding the denial of the humors, fluids or liquids of the human body, being the cause, or even the accessory of disease, the author before us would bleed the *infant*, the *octogenary*, and all the intermediate stages and ages of existence! Still, his other writings have "scintillations which illuminate and betray the errors of a master mind." "In scientific pursuits it is not *the man*, but *the opinion*, that is the subject of disquisition." Show me the human *solid*, that has not been so fine a *fluid*, as to have passed through capillary—nay, through microscopic tubes. And thus, as it is evident, that man is made up of such *humoral* particles as neither eye nor microscope can detect, it follows conclusively, that if his humors are not disordered, he is not disordered at all.

But why, we would inquire of the *solidist*, would he ever give an *emetic*, when it evacuates only the fluid contents of the stomach, and not that organ itself, which, according to his theory, is alone in fault? We pause for a reply. JOSEPH COMSTOCK, M.D.

Lebanon, Ct., December, 1842.

MESMERISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have noticed a disposition on your part, and on the part of some of your correspondents, to speak in a *sneering manner* of the subject now under consideration. Indeed, I have sometimes thought that you took *particular pains* to *drag* this subject before the public, that you might treat it with contempt and ridicule. I am not myself one of those firm believers in Mesmerism, who can swallow all the vagaries and idle stories which have been so industriously circulated in our community, on this subject; but I do believe, with many of your readers, that there are *facts* connected with Mesmerism, that puzzle the wisest heads, and claim the attention of the philosopher and every true lover of science. I do not wonder that this science has met with opposition; for, I would ask, what new discovery was ever made that has not met with opposition, and *violent* opposition, too, by the *medical faculty*, if that discovery happened, in any way, to relate to their profession. How was it with the immortal Harvey, who discovered the circulation of the blood? The whole medical world were immediately arrayed against him, in spite of all the *facts*, and all the *evidence*, which he brought to prove that the blood did circulate as he said it did. How was the discovery of inoculating for the smallpox received by the medical profession? Was not Cotton Mather, and his followers, for a long time obliged to stem the current of opposition and ridicule, for merely advocating what they conceived to be truth? Even the brilliant discovery of Dr. Jenner, which has been the means of saving so many thousands of lives, was not allowed to have universal credence, until it had received many sneering remarks, from those, too, from whom we should naturally expect better things. The same may be said of the science of phrenology. When its claims were first urged, it received the universal opposition of the profession; but now many, if not most, of its doctrines are received by a majority of the medical men of our country. But I will not multiply instances, as the same remarks will hold true with nearly *every discovery* which has been made in any of the sciences.

To say that there are mysteries connected with Mesmerism, that are not with other subjects, is, in my opinion, saying that which is not true. How little do we know of the causes of many of those phenomena which are constantly taking place in and around us. How little do we know of life—a theme which has occupied the pens of philosophers, from Hippocrates down to the present time. We are acquainted with the phenomena resulting from life, but what life is, is more than man can tell. What do we know of that power called gravitation? We know that small bodies are attracted towards the larger; but what that power is, and how it acts, is more than man can divine. And what do we know of *mineral* magnetism, beyond some of those curious laws which govern it? Just nothing. And shall we deny our own existence because we do not understand the essence of life? or shall we deny that bodies fall to the earth, or that the needle is attracted towards the north pole, because we cannot tell why they thus act? Certainly this would be neither philosophical nor wise. Neither is it wise for any one to deny the phenomena connected with *Mesmerism* because we do not, as yet, understand the causes of them; the phenomena exhibited are as apparent in one case, as in the other, and to doubt them shows a large quantity of incredulity, with a disposition to question everything that has not received the sanction of ages. J. D. Mansfield, M.D.

South Reading, December 5th, 1842.

OPERATIONS PERFORMED AT THE MASS. GENERAL HOSPITAL.

[Reported for the Boston Medical and Surgical Journal.]

December 10.—*Division of the Tendo-Achillis for Congenital Varus*, by Dr. Hayward.—Patient is a healthy child, 9 years of age, who at birth had varus of both feet, the right foot being much less distorted than the left; about six years ago, right foot was treated by mechanical means, and the distortion almost entirely obviated. When patient entered Hospital, left foot was turned inward and upward, and patient walked upon the external malleolus. The tendon was divided by the subcutaneous incision, and the foot came down considerably before the patient left the theatre.

Operation for Fistula in Ano, by Dr. Hayward—Three years ago an abscess formed in the vicinity of rectum, which, however, healed in a short time, and patient experienced no inconvenience until a month ago, when it broke out again, and a fistulous opening followed. General health not very good; has been supposed to have incipient phthisis, but now exhibits none of the physical signs of that disease.

The fistula having been found to communicate with the rectum, a probe-pointed bistoury was introduced, and the finger having been passed into the rectum, the two cavities were laid into one. The wound was then dressed with scraped lint, and the patient removed to the ward.

Amputation of great Toe of left Foot, by Dr. Warren.—Two months ago, patient's toe was injured in consequence of being trodden upon by a horse; he suffered no material inconvenience from it for a month, but, at the end of that time, toe became painful, swelled, and a discharge of pus followed, which resulted in two fistulous openings into the phalangeo-metatarsal articulation. On examination there was found to be a fracture of the first phalanx, the integuments much swollen in the vicinity of the injury, and the articulation apparently disorganized.

A semicircular incision having been made over the phalangeo-metatarsal articulation, the toe was disarticulated and removed at this point, a portion of the integument of the under part being retained as a flap. The end of the metatarsal bone being then found to be in the way, and the cartilage of its articulating surface being somewhat abraded, it was removed with the cutting forceps, and the wound dressed with scraped lint and a light compress and roller. No artery was divided which required a ligature.

SURGICAL CASES AT THE ALBANY MEDICAL COLLEGE.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. March's Surgical Clinique, December 10, 1842.—1. Mr. C. G., aged 32, whose case of compound fracture of both bones of the right fore-arm was treated during the early part of the present session, and who had been discharged cured, appeared again for relief and advice. On examination it was found that the ulcer over the seat of the fracture, which had entirely closed, was again open. A loose spicula of bone was discovered, which was removed, and the patient ordered to apply poultices.

2. Child of Mr. T. M., aged 3 years, with distortion of the dorsal vertebræ of ten months' standing. Blisters were ordered.

3. Mr. T. B., aged 36, with iritis of nine weeks' standing. Small doses of calomel and opium and ol. tereb. were ordered.

4. A child of Mr. M. C., aged 12 months, upon whom the operation for the cure of talipes varus was performed at the previous clinique. The wound was healed, without inflammation, and a decided improvement has taken place in the position of the foot. The usual dressings were applied.

5. A child of Mr. I. F. S., with enlarged tonsils, which were removed.

6. Miss I. D., aged 15, who appeared at the previous clinique with irregular contraction of the muscles of the right hand. A slight improvement has taken place. The splint and bandages were re-applied.

7. Child of Mr. I. N., aged 7, who appeared at the previous clinique with ulceration of the tongue and mucous membrane of the right cheek. Nit. arg. was applied; and cal. and pulv. Dov. ordered.

8. Mrs. M. C., aged 30, with an ulcer of an irritable character on the back of the right hand. Creosote was applied, and the ulcer dressed with lint and adhesive straps.

9. P. T., aged 10, with scrofulous ulcer on the right side of neck. Nit. arg. was applied.

10. Miss S. W., aged 17. Strabismus, which was operated for with success.

11. P. T., aged 15, of Greenbush, who several weeks ago underwent an operation for the removal of a non-malignant melanotic tumor of the right eyeball. The wound is perfectly healed, and the personal appearance of the patient very decidedly improved.

12. S. E., aged 12. When about 4 years of age, this patient was most severely burned by falling into the fire, and the consequence has been a great distortion of the face and neck from the contraction of the cicatrix. The chin was drawn into close contact with the sternum, and, indeed, the whole of the base of the lower jaw of the left side was bound down nearly in contact with the clavicle, producing a deformity of the most aggravated character. The integuments were extremely tense, and drawn in distinct bands from above the left eye down to the axilla, distorting his features in a horrible manner. His mouth was drawn downward from the left angle, and kept constantly open, permitting a constant drivelling of saliva. The left ala of the nose, and the outer angle of the left eye, were excessively distorted; in short, all the features of the left side of the face were drawn from one to two inches lower than those upon the right side. In this condition he was brought into the operating theatre, exciting mingled emotions of pity and disgust. Similar cases have been successfully operated on by Dr. Mutter, of Philadelphia; and, although this was a much more aggravated case than any one reported by Dr. Mutter, Professor March determined to undertake an operation for his relief. For this purpose the patient was placed upon a table with his shoulders elevated, and the operation commenced by a careful and rapid division of the contracted bands. An incision was then made from below the left ear to about two inches beyond the symphysis menti on the other side, so as to divide all the attachments; the head then came up. The mastoid muscle did not need division. The next step of the operation was to adapt a flap of healthy integument from the back or shoulder, to fill up the great space left by the elevation of the head. It was decided upon taking it from the left shoulder, and cutting according to a pattern made of the shape of the wound, Dr. M. rapidly dissected up the integuments covering the whole of the deltoid muscle. A twist was made at the right angle of the wound, and the flap adjusted to its position by fifteen sutures. The flap fitted most accurately, and was retained in close contact with the whole extent of the raw surface by means of a pasteboard stock, and suitable compresses. The wound of the shoulder was covered by a light dressing, and left to heal by granulation. The whole medical class, together with the large

assembly of non-professional spectators, can testify to the beautiful and skilful manner in which the whole of this very serious and difficult operation was performed. We think there cannot be a reasonable doubt of its ultimate success. J. R.

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MATRIMONIAL STATISTICS.

EDWARD JARVIS, M.D., of Concord, Mass., formerly of Louisville, Ky., is the gentleman alluded to a few weeks since, as being engaged in this particular branch of statistics, with a view to ascertaining the influence of marriage in preventing insanity. He wrote us last week as follows:

"I get on well with my marriage investigation. I have written to about two hundred and fifty towns, and shall finish the whole State in a few days. My returns come in well. So far they show about the ratio of 20 married, 6 unmarried. and 1 widower. On the other hand, the insane are about 2 married to 3 unmarried—making the proportion of insane in a definite number of the married and single, as one of the former to more than four of the latter."

We hope philanthropists generally, and all who are curious in the pursuit of facts relating to insanity, will forward to his address anything and everything that may be serviceable to him in conducting his present interesting inquiry.

Human Strength.—At the Boston Museum, Mr. Kimball, the proprietor, has engaged for exhibition a savage-looking personage, of middling stature, who rejoices in the name of *Wyff Kloff*, and who is distinguished for his prodigious muscular power. Some of his feats are truly surprising, and should be witnessed by physiologists, especially, as they cannot be otherwise than deeply interested at the exhibition of the strength of human muscles, under the stimulus of the will. Lying flat upon his back, for example, he holds a huge anvil over the chest, which is raised and lowered with his own hands, as though it were only a mass of cork. If it should slip from his fingers it would crush in the whole thorax. All the while this feat is being enacted, another anvil, of equal ponderosity, is resting its dead weight upon the abdomen. Standing on two crickets, about two feet and a half high, he stooped down a little—and having straps over each shoulder, which united in a single hook, he straightened up erect, lifting two brass cannons upon the hook, which required the united strength of four men to raise with a double pulley block, a few minutes before. Lastly, he laid down upon a ladder, face downward. The ladder was made fast by a rope, consisting of four strands of drum-cord, twisted. By pulling and pushing with his feet and hands, he forced the ladder a-head, and snapped the rope almost instantly. It is presumed that the same cords would have resisted the force of a strong horse.

This is barely an outline of an exhibition of human strength that perhaps was never before equalled among us. But as it is always more satisfactory to see than to hear of such surprising things, we enjoin it upon our profession, as far as practicable, to witness for themselves the remarkable power of this modern Hercules.

Improved Fracture Apparatus.—An apology cannot be necessary for occasionally calling attention to Mr. Raymond's very ingenious machine for managing fractured limbs, since surgeons should be made acquainted with all the facilities of art to assist nature in mending broken bones. Within a few weeks, the inventor has so modified the instrument, that although considered nearly perfect before, it is manifestly improved. The alteration consists in so arranging the parts, that the diameter of the semicircular hoops, which receive the limb, may be readily increased or diminished, according to the size of the leg or thigh to be secured. In all those heretofore on sale, no mechanism was provided for accomplishing this point: they could be elongated or shortened, but not widened or narrowed. Since all these movements can now be accomplished, so as to adapt the apparatus to a child or a muscular adult, it is believed to be the best instrument known; and this we feel warranted in saying, without fear of a contrary opinion being entertained by any who have tested the intrinsic value of the contrivance. Were all the vessels in the naval service liberally furnished with these instruments, and the military stations and garrisons, too, it would be an economical expenditure for the Government, and altogether a measure of humanity for which the surgeon could not be otherwise than thankful, to say nothing of the ameliorated condition of the patients on whom they might be used.

Medical Student's Guide.—Through the Literary Age, we learn that Heber Chase, M.D., well known for his ingenious instruments for the radical cure of hernia, &c., has compiled a little book with the above name, which is a sort of local medical directory to the city of Philadelphia, by which a student may find his way to all the lecture rooms, hospitals and infirmaries. But this is not all—the cost of entrance is specified, all the fees plainly expressed, and every question, at all interesting to a medical student who might visit that city, satisfactorily and correctly answered. Why does not Mr. Auner, the publisher, scatter a few copies over New England?

Vermont Medical Society.—Drs. W. R. Ranny, James Spaulding and Z. P. Burnham, were appointed a committee by the Society, Oct. 19th, to address gentlemen of the profession in the State in relation to the condition of the Association. Their address is a sensible paper, honorable to the committee as scholars and cultivators of science. The closing lines are as follows:—" And now it is for the profession to say, whether its existence shall henceforth be vigorous and healthy, or whether history shall record its present apparent animation to have been but a few spasmodic struggles, immediately preceding its final extinction. Maturely to consider this question, an adjourned meeting of the Society will be holden at the State House, in Montpelier, on the day preceding the Convention for considering the proposed amendments to our State Constitution, and a full attendance is respectfully but earnestly solicited." It is evident, therefore, that unless a vigorous effort is now made, the Society will have no tangible existence. Our best wishes are for the success of those who are exerting themselves so manfully to revive and sustain an institution which cannot be otherwise than an object of interest to the whole profession throughout the State of Vermont.

Addison County Medical Society.—Officers :—Jonathan A. Allen, *President ;* Dan C. Stone, *Vice President ;* D. C. Goodale, *Secretary ;* Geo. E. Stone, M. H. Ranney, L. P. Cheney, *Censors ;* E. H. Sprague, *Librarian ;* Wm. P. Russell, *Treasurer.*

This is in the northern part of Vermont. The meetings are to be held semi-annually, at Middlebury ; and there are to be no alterations in the constitution or by-laws, which are exceedingly judicious, unless seven members are present. A medical spirit is beginning to be manifested in Vermont, unlike any former exertion, and the profession in neighboring States are watching for the result. It will be a reproach, if, with two incorporated medical schools, there is not a medical society sustained, by which the qualifications of medical practitioners can be decided upon.

Manchester, N. H., Medical Society—Incorporated June, 1841.—Officers :—Silas Walker, M.D., *President ;* David Flanders, M.D., *Vice President ;* J. H. Morse, M.D., *Secretary ;* M. G. J. Tukesbury, M.D., *Treasurer and Librarian ;* Geo. B. Swift, M.D., Z. Colburn, M.D., Dan'l Little, M.D., *Counsellors.*

Surgical Instruments.—In the report of a committee of the Franklin Institute, on premiums and exhibitions, it is mentioned that there was not much variety in surgical instruments presented at the last exhibition. A certificate of *honorable mention* was awarded to E. Flohr, of Philadelphia, for a mounted cranium. Also the same honorable paper to B. C. Everett, of Philadelphia, for a case of surgical bandages. Also, another—the abdominal supporter of Dr. Bauning. Although coming too late to enter into the competition, it is thought so highly of by the judges on surgical instruments, that the committee awards it—a certificate of "honorable mention." All this is faint praise, and it would have been better to have disregarded the poor show altogether. Next season it is proposed to send on some specimens of Boston surgical instruments, manufactured by Messrs. Phelps and Zeitz.

Non-arrival of Exchange Journals.—In expressing a regret that some of our exchange journals come to hand very irregularly, of late, we beg to suggest the propriety of putting them in strong paper, superscribed in a plain penmanship. Attention to these two essentials will generally insure them a safe and certain arrival in the ordinary time. Two Nos. of the New York Lancet are missing, which must have miscarried.

Injections into Serous Cavities.—For some time M. Velpeau has devoted his attention to injections into serous cavities. Making a small puncture into the cavity, and injecting a solution of iodine, he has effected a cure in cases of serous cysts, sanguineous cysts and colloid cysts, in almost every region of the body. Bronchocele often consists in cysts filled with a serous or dark-colored fluid; in five cases of this kind the author tried the iodine injections, and was completely successful. He has recently employed a more simple mode in cases of hydrarthrosis, and hopes that it will be as easy to cure this disease as hydrocele, with iodine injections.—*London Lancet.*

Medical Miscellany.—Dr. Lyndon A. Smith, of Newark, N. J., has opened an eye and ear infirmary in that city, in which he will have the occasional assistance and advice of that excellent oculist, Dr. William C. Wallace, of New York.—Dr. Wm. B. Leonard, of Louisville, Ky., has been arrested, with some others, accused of counterfeiting.—Reynell Coates, M.D., of Philadelphia, is the editor of a new paper, called the Literary Age, published in that city.—The New Hampshire Asylum for the Insane, located in the capital of the State, is now in readiness for the reception of patients. The institution is placed under the care of Dr. Chandler, formerly assistant to Dr. Woodward, at the Worcester Lunatic Hospital.—Cases of smallpox have appeared in towns in New Hampshire —A treatise on "*Protracted Indigestion and its Consequences,*" by Dr. A. P. W. Philip, is advertised in England.

Books received.—Elements of Physiology, by E. Muller, M.D., arranged from the second London edition by Dr. Bell; and Lawrence on the Diseases of the eye, with numerous additions by Dr. Hays—both noble volumes, from Messrs. Lea & Blanchard, of Philadelphia; they will be more particularly noticed next week. They have in press the complete work of Dr. Pereira, with numerous engravings—a book that should be in the library of every medical practitioner.

To Correspondents.—We are obliged to defer a large number of communications. The translation on Phrenology, which was commenced last week, will occupy much space, but we believe will be read with interest by all, though many readers will, with us, disagree with the writer.—A critical notice of Professor Chapman's remarks on calomel—the benefits of Anatomy—Dr. Allen on Medical Delusions—and Dr. Mowe on the uses of Belladonna, will receive early attention.

Married,—At Stillwater, N. J., Joseph B. Dunlap, M.D., to Miss Lydia G. Strader.

Number of deaths in Boston for the week ending Dec. 17, 43.—Males, 18; Females, 25. Stillborn, 3. Of consumption, 7—old age, 4—inflammation, 1—stoppage in the bowels. 1—brain fever, 1—inflammation in the bowels, 1—marasmus, 2—croup, 2—typhus fever, 1—smallpox, 4—lung fever, 1—fever, 1—debility, 2—epilepsy, 1—scarlet fever, 1—child-bed, 2—palsy, 1—disease of the heart, 2—infantile, 1—apoplexy, 1—canker in the bowels, 1—dropsy ou the brain, 1—intemperance, 1—erysipelas, 1—cancer, 1.

SURGICAL INSTRUMENTS.

The subscribers have for sale, and are constantly receiving from foreign and domestic sources, a great variety of Surgical and Chirurgical Instruments of the most modern and approved construction, comprising Amputating, Trepanning, Obstetrical, Dental, Dressing, Post-mortem, Strabismus, Fistula Lachrymalis, Dissecting, Cupping, Couching, Tonsillary; Stomach-pumps; Trocars, rectum, hydrocele, &c.; Curved, half-curved and straight Needles; Lancets; Syringes; Rectum and Urethral Bougies; Catheters; Pessaries; Trusses; Suspensory Bandages, &c. &c.

Students and others are invited to call and examine their assortment before making their purchases.

Dec. 21—eop12t BREWERS, STEVENS & CUSHING, *Druggists,*
Nos. 90 *and* 92 *Washington street.*

DR. A. G. HULL'S ABDOMINAL SUPPORTERS,

For the Relief and cure of Procidentia and Prolapsus Uteri, and Improved Trusses for Hernia. Office No. 4 Vesey Street, New York. Agents in Boston, Smith & Fowle, No. 138 Washington Street.

"The surgeons appointed by the American Institute of the City of New York, to inspect the Surgical Instruments on exhibition at the Fair, respectfully report :—

"That they have attentively examined the various apparatus for relief and cure of Hernia and Prolapsus Uteri, submitted to them, and they are decidedly of opinion that Dr. Hull's are, in every regard, the most preferable.

"Dr. Hull's Trusses and Supporters continue to meet with the approbation of the Institute, as being superior in design, structure and efficacy to any others in use.

"Signed,
Alex'r E. Hosack, M.D.
Wm. Grayson, M.D.
G. J. Leeds, M.D."

The following Testimonials, from a large collection, show the estimation in which Hull's Abdominal Supporter is held in Europe and America.

Sir Astley Cooper, after the Abdominal Supporter had been several months under his inspection, gave the following opinion for publication :—

"This apparatus is beautiful for its simplicity; it is an acquisition to practice. The principle of its operation is quite original and perfect. I shall advise its use, and make use of it in my own practice, in preference to any thing I have seen."

In January, 1838, the Supporter was presented to the Medical Officers of Guy's Hospital, London, for public trial of its efficacy. Dr. Ashwell, the Obstetric Lecturer of the Institution, makes the following statements, the one before and the other after the application of the Supporter :—

13 Devonshire Square.

Dear Sir Astley—This instrument exactly accords with the principle on which I think the disease must be cured, viz.—giving support to the vagina. I always say—Restore to the vagina its tone, and you do more to remedy this frequent malady, than by any other treatment. The support of the abdomen is excellent; and the external pressure of the perineum, narrowing a too capacious vagina, and thus supporting a prolapsed uterus, instead of doing so internally by a pessary, *cannot be too highly appreciated.* I am, my dear Sir Astley, yours truly, Samuel Ashwell.

To Sir Astley Cooper, 39 Conduit Street.

13 Devonshire Square, London, March 17th, 1838.

Having tried Dr. Hull's instrument for the cure of Prolapsus and Procidentia Uteri, I am glad to express a highly favorable opinion of its utility. In a severe case of entire procidentia, lately under treatment at Guy's Hospital, it was applied with marked success. Its great superiority over the pessary, consists in its affording efficient support to the weakened abdominal integuments, and in its *external* application, instead of its introduction into the vagina. I quite think it will accomplish a permanent cure better and more quickly than the pessary. Samuel Ashwell, M.D.,
Obstetric Physician, and Lecturer to Guy's, London.

This is to certify, that I have tried Dr. Hull's Utero-Abdominal Supporter in Prolapsus Uteri, and I find it fully answers the purpose for which it was intended; it gives a feeling of instant relief and a most agreeable support to the patient. Edward Rigby, M.D.,
Lecturer to St. Bartholomew's Hospital, London.

I have recommended Dr. Hull's Utero-Abdominal Supporter in cases of Prolapsus Uteri—and have much pleasure in stating the very high opinion I entertain of its superiority over the instruments ordinarily used in these troublesome and inconvenient affections.
I am, Sir, yours truly, Wm. Griffith, M.D.,
Lecturer to Westminster Hospital, London.

In *London*, the following gentlemen of the profession publicly sanction Hull's Abdominal Supporter: F. H. Ramsbotham, M.D., Lecturer on Midwifery to London Hospital. Robert Lee, M.D., Lecturer on Midwifery to St. George's Hospital. Robert Ferguson, M.D., Lecturer on Midwifery to Westminster Lying-in Hospital. Dr. Sweatman, Lecturer on Midwifery to Middlesex Hospital, and senior Accoucheur to Queen Charlotte's Lying-in Hospital. Sir Astley Cooper, Sir Benjamin C. Brodie, Sir James Clark, Dr. Conquest, Dr. Jas. Blundell, Dr. H. Davies, Dr. T. Watson, Dr. Holland, Dr. Cape, Dr. Chowne, Dr. Ryan, Dr. Bloxham, Dr. D. Davies, and many other eminent practitioners.

In *Paris*, the Supporter has been introduced into hospital and private practice, under the public and written sanction of Moreau, President of the Academie de Royale de Medecine, and Accoucheur to the Duchess d'Orleans; Professors Velpeau, Paul Dubois, and Marjolin.

In *Boston*, it has been recommended by J. C. Warren, M.D., Professor of Anatomy and Surgery, Harvard University. John Ware, M.D., Professor of Theory and Practice of Medicine, Harvard University. E. Hale, M.D., Physician Mass. General Hospital. Drs. J. V. C. Smith, W. Strong, Walter Channing, Snow, Otis, Flint, Clark, and other distinguished physicians.

In *New York*, by Professors Delafield and Stevens of the College of Physicians, Professors Valentine Mott and Bedford, Drs. Neilson, Perkins, Doane, Bibby, Kissam, Anderson, Thomas Boyd, Vaché, David Rogers, David L. Rogers, Gilbert Smith, Hosack, Ludlow, Stearns, John W. Francis, Mead, Bliss, Francis U. Johnson, Laurens Hull, Professors Reese and March, Albany Med. College, Professor McNaughton, of Albany, and others.

The Medical Society of the State of New York, at its annual session, (Feb. 1838) appointed a committee to examine into the merits of this instrument; who state in their report, "That they have had the same under consideration; and from the certificates of eminent surgeons who have made ample trials of the Supporter, they have no hesitation in recommending it to the profession, and in expressing their belief that it will in most cases supersede the use of pessaries."

☞ The above Abdominal Supporters can be seen on application at this office. Prices, 6 and 8 dolls.
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